

Missouri Division of Alcohol & Drug Abuse (ADA)

SAMHSA Access to Recovery Grant (ATR)

## RECOVERY SUPPORT SERVICES—CREDENTIALLED STATUS APPLICATION

### Instructions

- Please type or print legibly and mail completed application to: **Division of Alcohol and Drug Abuse, ATR Project Director, 1706 E. Elm St., P.O. Box 687, Jefferson City, MO 65102**  
**PLEASE MAIL VIA "RETURN RECEIPT REQUESTED" IN ORDER TO OBTAIN PROOF AND DATE OF DELIVERY.**
- Retain a copy of the completed application for your files.
- Questions can be directed to Committed Caring Faith Communities at (314) 951-1033 or the Division of Alcohol and Drug Abuse at (573) 751-4942.

### 1. AGENCY IDENTIFICATION

ORGANIZATION NAME		DATE OF INCORPORATION WITH STATE OF MISSOURI	
CONTACT PERSON REGARDING CREDENTIALING		TITLE	
ADMINISTRATIVE SITE	STREET	CITY	ZIP CODE COUNTY
ADMINISTRATIVE MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			
TELEPHONE NUMBER ( )	FAX NUMBER ( )	E-MAIL	WEBSITE
Please list any other program sites under item 9.			

### 2. ADMINISTRATION

NAME OF ORGANIZATION'S LEADER OR DIRECTOR		TITLE (PASTOR, RABBI, IMAM, EXECUTIVE DIRECTOR, etc.)	
YEAR ORGANIZATION WAS ESTABLISHED		ESTIMATED NUMBER OF ACTIVE CONGREGATION MEMBERS (IF APPLICABLE)	
CURRENT NUMBER OF BOARD MEMBERS OR GOVERNING BODY MEMBERS		LIST NAMES OF ALL ADDICTION ACADEMY GRADUATES (ADD ATTACHMENT IF NESSECARY)	
NUMBER OF INDIVIDUALS FROM ORGANIZATION WHO COMPLETED THE ADDICTIONS ACADEMY			
NAME OF PARENT CORPORATION (IF APPLICABLE)			
ADDRESS OF PARENT CORPORATION		STREET	CITY ZIP CODE

### 3. ATTACH ORGANIZATIONAL CHART, IDENTIFYING EACH ATR POSITION

### 4. TYPE OF APPLICATION

☐ INITIAL ☐ RENEWAL – CREDENTIALLED STATUS EXPIRES ON \_\_\_\_\_.

### 5. TYPE OF ORGANIZATION LEGALLY RESPONSIBLE FOR THE OPERATION OF THE PROGRAM

#### FOR PROFIT:

- ☐ Partnership  
☐ Corporation  
☐ Limited Liability Corporation (LLC)  
☐ Other (specify): \_\_\_\_\_

#### NOT-FOR-PROFIT:

- ☐ Corporation  
☐ Limited Liability Corporation (LLC)  
☐ Church-Affiliated  
☐ Other (specify): \_\_\_\_\_

## 6. AGENCY REQUESTS CREDENTIALLED STATUS FOR THE FOLLOWING RECOVERY SUPPORT SERVICES

Check all Recovery Support Services for which your organization is requesting credentialed status.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Care Coordination           | <input type="checkbox"/> Extended Residential Support | <input type="checkbox"/> Recovery Support-Group |
| <input type="checkbox"/> Child Care                  | <input type="checkbox"/> Family Engagement            | <input type="checkbox"/> Spiritual Life Skills  |
| <input type="checkbox"/> Drop-In Center              | <input type="checkbox"/> Pastoral Counseling          | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Emergency/Temporary Housing | <input type="checkbox"/> Recovery Support-Individual  | <input type="checkbox"/> Work Preparation       |

*Describe previous experience providing recovery support services*

## 7. LIST NAMES OF STAFF OR VOLUNTEERS WHO WILL DELIVER EACH RECOVERY SUPPORT SERVICE AND ATTACH A RESUME OF EACH (ATTACH ADDITIONAL PAGE IF NEEDED)

NAME OF STAFF OR VOLUNTEER	QUALIFICATIONS	NAME OF RECOVERY SUPPORT SERVICES

## 8. PRINCIPAL GEOGRAPHIC AREA SERVED

## 9. LOCATION OF PROGRAM SITES (attach additional page as necessary)

PROGRAM NAME	ADDRESS STREET CITY ZIP	COUNTY	TELEPHONE NUMBER	FAX NUMBER	TYPE OF RECOVERY SUPPORTS OFFERED	DAYS/HOURS OPEN

**10. ATTACH PROGRAM SCHEDULE INCLUDING HOURS OF OPERATION FOR THE SERVICES YOU WILL BE PROVIDING**

**11. ATTACH COPIES OF THE FOLLOWING—As applicable to the services you will be providing**

- Inspection Report by a fire authority that the facility complies with the Life Safety Code of the National Fire Protection Association and local/state codes (*initial and renewal*)
- Occupancy and zoning permit
- Proof of Chauffeur's or CDL license and proper automobile insurance (*initial and renewal*)
- State of Missouri Certificate of Good Standing
- Completed Vendor Input Form (*included with the application and required in order to issue a contract and set your organization up in the State Accounting and Payment System*)

**12. ATTACH LETTERS OF SUPPORT/REFERENCE (OPTIONAL)**

**13. TECHNOLOGY REQUIREMENTS**

- How many computers does the organization have? \_\_\_\_\_
- Does the organization have Internet access and e-mail? \_\_\_\_\_
- Does the organization have a fax machine? \_\_\_\_\_
- Does the organization meet the computer workstation requirements described below? \_\_\_\_\_

**NOTE:** Recovery support providers are not presently required to utilize the Department of Mental Health's electronic client admission and invoicing system, however, it is recommended that you have adequate technology in place in order to perform the day to day functions of the ATR program which does require some expertise in the area of computer technology and functions.

CATEGORY	REQUIREMENT
Operating System Version	Windows XP Pro
Computer Processor	450 Mhz or higher
Memory	256 MB or higher
Browser Version	Internet Explorer 6.0 or higher, with current service packs
Virus Protection	Required—Virus definitions must be kept current
Monitor	Capable screen resolution of 1024 x 768
Printer	Required for printing reports
E-mail	Internet e-mail address
Bandwidth	Fastest network connection available and economical to you—Recommend DSL or cable modem

(Agency Name) \_\_\_\_\_ hereby applies for Credentialed Status by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse or Committed Caring Faith Communities as an ATR Recovery Support Program in accordance with applicable credentialing requirements. The agency agrees and understands that agents of the Division of Alcohol and Drug Abuse and/or Committed Caring Faith Communities may inspect the premises, review agency and personnel and client records, observe program operations, and interview employees and clients associated with the program(s). The agency agrees to comply with all written recommendations and requirements regarding compliance with credentialing requirements, as noted in reports issued by the Department of Mental Health, Division of Alcohol and Drug Abuse and/or Committed Caring Faith Communities.

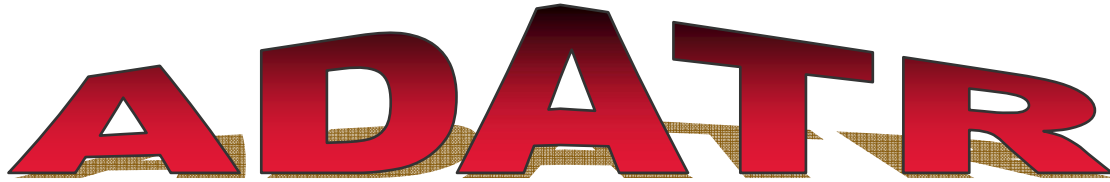
SIGNATURE—CHIEF ADMINISTRATIVE OFFICER

DATE

SIGNATURE—GOVERNING BODY OR BOARD PRESIDENT

DATE

*The Access to Recovery program is funded by a three-year grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.*



**Missouri Division of Alcohol & Drug Abuse (ADA)**

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## **RECOVERY SUPPORT SERVICES—DESCRIPTION OF PROGRAM**

**Briefly describe each recovery support service you plan to provide.**

*(This description must be typewritten and should not exceed the front and back of this form. However, an agency that operates multiple programs or program sites may submit a more lengthy description of its programs or a separate sheet for each program.)*

SIGNATURE—CHIEF ADMINISTRATIVE OFFICER

DATE





STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
**VENDOR INPUT**

☐ **CHANGE OF ADDRESS**

PRINT OR TYPE

**SECTION A: VENDOR INFORMATION (COMPLETED BY VENDOR) SEE SECTION A & GENERAL INSTRUCTIONS**

NAME			
CURRENT ADDRESS FIELD 1 (ROOM, APT., SUITE NO., STREET NAME/NO., ETC.)		CURRENT ADDRESS FIELD 2 (PO BOX NO.)	
CURRENT CITY		CURRENT STATE	CURRENT ZIP CODE
PREVIOUS ADDRESS FIELD 1 (ROOM, APT., SUITE NO., STREET NAME/NO., ETC.)		PREVIOUS ADDRESS FIELD 2 (PO BOX NO.)	
PREVIOUS CITY		PREVIOUS STATE	PREVIOUS ZIP CODE
VENDOR CONTACT NAME	VENDOR CONTACT E-MAIL ADDRESS	VENDOR CONTACT TELEPHONE NUMBER	
LEGAL NAME OF ENTITY OR INDIVIDUAL (ENTITY NAME FILED WITH IRS FOR TIN)			
1099 ADDRESS		CITY	STATE ZIP CODE
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN	EXEMPT FROM BACKUP WITHHOLDING <input type="checkbox"/>	
VENDOR TYPE (CHECK OR X ONE OF THE BOXES IN FRONT OF THE APPLICABLE VENDOR TYPE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT <input type="checkbox"/> STATE/LOCAL GOVERNMENT <input type="checkbox"/> STATE EMPLOYEE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER: _____ (ENTER VENDOR TYPE: I.E., CHURCH)			
COMMENTS			

**CERTIFICATION FOR STATE OF MISSOURI**

I certify that the above information is accurate and complete in accordance with the Vendor Input Form Instructions.

SIGNATURE		
NAME (PRINT OR TYPE)	TITLE	DATE

**CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien)

**Certification instructions.** You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on [irs.gov](http://irs.gov) website for more information.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE	DATE
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**SECTION B: STATE OF MISSOURI AGENCY USE ONLY (COMPLETED BY SUBMITTING STATE AGENCY)**

ACTION TYPE (CHECK ONE) <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	VENDOR CODE/NUMBER	VENDOR TYPE	STATE AGENCY NUMBER
STATE AGENCY NAME		STATE AGENCY ADDRESS	
STATE AGENCY CONTACT NAME (PLEASE PRINT OR TYPE)		STATE AGENCY CONTACT TELEPHONE NUMBER (INCLUDE AREA CODE) (       )	
STATE AGENCY CONTACT E-MAIL ADDRESS			
ADDITIONAL INFORMATION			
SIGNATURE	NAME (PRINT OR TYPE)	DATE	

## VENDOR INPUT FORM INSTRUCTIONS

### SECTION A: TO BE COMPLETED BY VENDOR (ALL FIELDS REQUIRED UNLESS OTHERWISE STATED) SUBMIT THIS COMPLETED VENDOR INPUT FORM TO THE STATE AGENCY YOU ARE DOING BUSINESS WITH.

<b>Change of Address</b>	If the Vendor Input Form is being submitted for a change of address on a vendor, check this box.
<b>Name</b>	Enter the name of the entity or individual name that is to appear on checks, EFTs or Purchase Orders, etc. <b>Corporation</b> – Enter your Doing Business As (DBA) name <b>Federal/Military Government</b> – Enter the legal name of entity as filed with the IRS <b>Individual</b> – Enter your name (Last Name, First Name, and Middle Initial) <b>Partnership</b> – Enter the name of the business as filed with the IRS <b>Sole Proprietor</b> – Enter the business name <b>State Employee</b> – See “Individual” for this field’s coding instructions <b>State/Local Government</b> – Enter the legal name of entity as filed with the IRS <b>Other</b> – Enter your entity’s name
<b>Current Address Field 1</b>	Complete this field if you have a room number, apartment number, suite number and/or street name/number
<b>Current Address Field 2</b>	Complete this field if you have a PO Box number for the address included in Address Field 1
<b>Current City, State, Zip Code</b>	Enter your city, state, and 5 or 9 digit zip code for Address Field 2 if completed. If Address Field 2 is not completed, enter the city, state, and 5 or 9 digit zip code for Address Field 1
<b>Previous Address Field 1</b>	Complete this field with the previous room number, apartment number, suite number and/or street name/number
<b>Previous Address Field 2</b>	Complete this field with the previous PO Box number for the address included in Previous Address Field 1
<b>Previous City, State, Zip Code</b>	Complete this field with the previous city, state, and 5 or 9 digit zip code for Previous Address Field 1
<b>Vendor Contact Name</b>	Enter the name of the individual authorized by the vendor to answer questions about information on this form
<b>Vendor Contact E-Mail Address</b>	Enter the e-mail address, if one exists, for individual’s name entered in the Vendor Contact Name field
<b>Vendor Contact Telephone Number</b>	Enter the telephone number, including area code, of the individual listed in the Vendor Contact Name field
<b>Legal Name of Entity or Individual</b>	Enter the Legal Name of Entity or Individual associated with the active taxpayer identification number in the Taxpayer ID Number field.  <b>Corporation</b> – Enter the Corporate name as it is filed with the IRS <b>Federal/Military Government</b> – Enter the legal name of entity as filed with the IRS <b>Individual</b> – Enter Last Name, First Name, and Middle Initial as filed with the Social Security Admin (SSA) <b>Partnership</b> – Enter the name of the business as filed with the IRS <b>Sole Proprietor</b> – Enter the Owner’s name (Last Name, First Name, and Middle Initial) as filed with the SSA <b>State Employee</b> – See “Individual” for this field’s coding instructions <b>State/Local Government</b> – Enter the legal name of entity as filed with the IRS <b>Other</b> – Enter the legal name of entity as filed with the IRS (LLC not valid)
<b>1099 Address</b>	Enter address that the IRS Form 1099 should be sent to if one is issued. Leave this field blank unless this address is different from the address entered in the Address Fields 1 and 2
<b>City, State, Zip Code</b>	Enter your 1099 mailing address, city, state, and 5 or 9 digit zip code. Complete these fields if you entered an address in the 1099 Address field
<b>Taxpayer ID Number (TIN)</b>	Enter the nine digit Federal Employer Identification Number (FEIN) or Social Security Number (SSN) associated with the Legal Name of Entity or Individual as filed with the Internal Revenue Service (IRS) or Social Security Administration (SSA) and entered in the Legal Name of Entity or Individual field in this section of the form
<b>Taxpayer ID (TIN) Type</b>	Check one: <b>FEIN</b> – Federal Employer Identification Number or <b>SSN</b> – Social Security Number
<b>Exempt from Backup Withholding</b>	Check box if exempt from backup withholding (See General Instructions)
<b>Vendor Type</b>	Check the box in front of the applicable vendor type listed as registered with the IRS or SSA. If Other is selected, enter the vendor type on the line provided (LLC not valid type)
<b>Comments</b>	If you are a tax exempt organization please state “Exempt” in the comments field and attach a copy of the letter received from the IRS that your entity is exempt. If there has been a change in the status of your business, such as type of ownership, business type, etc., include the effective date of the change and briefly describe the change. This space is also provided for any vendor who has additional information that you would like to provide on this form

#### CERTIFICATION FOR STATE OF MISSOURI:

<b>Signature</b>	Signature of individual listed in the Name field or the entity’s representative authorized by the entity to sign the certification
<b>Name</b>	Print or type the individual’s name who signed the Signature field
<b>Title</b>	<b>Individuals</b> – Leave this field blank. <b>Business Entity</b> – Enter the title of person who signed in the Signature field, if a title exists
<b>Date</b>	Enter date this form is signed

#### CERTIFICATION FOR THE INTERNAL REVENUE SERVICE:

<b>Signature</b>	Please read the complete IRS Certification as published by the IRS. The IRS does not require your consent to any provision of the IRS statement other than the certifications required to avoid backup withholding
<b>Date</b>	Enter date if the IRS Certification Signature field is completed. Leave this field blank if the Signature field is not completed

**If all required fields on this form are not completed, the form will not be processed by the Office of Administration, Division of Accounting.**

## VENDOR INPUT FORM INSTRUCTIONS

**SECTION B: STATE OF MISSOURI AGENCY USE ONLY (ALL FIELDS REQUIRED UNLESS OTHERWISE STATED) SUBMIT THIS APPLICATION AS DOCUMENTED IN THE SAM II FINANCIAL POLICY & PROCEDURES, VENDOR ACTIVITIES (SECTION L).**

<b>Action Type</b>	Check one: Check <b>Add</b> if the vendor name and address is not in the current vendor file and your agency has received prior approval from OA/Accounting to submit adds via fax Check <b>Change</b> if changing the existing vendor number information. Note: If change is checked, supply a brief statement in the Additional Information field explaining the purpose for the change Check <b>Delete</b> if deleting an existing vendor number. Note: If Delete is checked, supply a brief statement in the Additional Information field explaining the purpose for the delete
<b>Vendor Code/Number</b>	Action Type Field is <b>Add</b> – Enter the TIN (FEIN or SSN) number or the first 9 digits of the alternate number if an alternative vendor number was pre-approved by OA/Accounting Action Type Field is <b>Change</b> – Enter the 11-digit vendor number Action Type Field is <b>Delete</b> – Enter the 11-digit vendor number
<b>Vendor Type</b>	Enter the vendor type. Valid vendor types are: <b>DV</b> – Vendor code to be deleted <b>GI</b> – State of Missouri Agency (“I” Vendor and “E” Vendor Codes) <b>MS</b> – Miscellaneous Vendor Code (Use only if a Misc Vendor Code was pre-approved by OA/Accounting) <b>SE</b> – State Employee <b>VG</b> – Vendor/General Address (All vendors not defined above as DV, GI, MS or SE vendor)
<b>State Agency Number</b>	Enter your agency's 3-digit agency number
<b>State Agency Name</b>	Enter your state agency's name
<b>State Agency Address</b>	Enter your state agency's interagency mailing address. If your agency does not have an interagency mailing address, then supply your mailing address
<b>State Agency Contact Name</b>	Enter the name of the individual within your agency who can be contacted if OA/Accounting has questions related to the completion of this form
<b>State Agency Contact Telephone Number</b>	Enter the telephone number, including area code, of the individual listed in the State Agency Contact Name field
<b>State Agency Contact E-Mail Address</b>	Enter the e-mail address of the individual listed in the State Agency Contact Name field
<b>Additional Information</b>	If Change or Delete was checked in the Action Type field, enter a brief statement in this field explaining the purpose for and the effective date of the change/delete. This space is provided for your use if you have any additional information that you would like to include on this form
<b>Signature</b>	Signature of individual authorized by your agency to submit this form. OA/Accounting does not maintain an authorized agency signature list for this purpose
<b>Name</b>	Print or type the name of the individual that signed in the Signature field
<b>Date</b>	Enter date this form is signed

**Note: State Agency personnel must complete Section B. If this section is not completed the form will not be processed by OA/Accounting.**

## ADDITIONAL INSTRUCTIONS FOR SECTION B

For each change or delete vendor request, the vendor must complete Section A of this form and the state agency doing business with this vendor must complete Section B prior to any update being made in the SAM II Financial system vendor file.

All forms must be faxed to OA/Accounting as stated in the SAM II Financial Policy & Procedures, Vendor Activities (Section L), Changing Vendor Information in SAM II section to the established fax number.

Forms will not be accepted through any other mechanism (handcarried, mail, etc.) unless the state agency receives prior approval from OA/Accounting.

Forms will not be accepted directly from vendors unless prior approval is received from OA/Accounting.

Vendor adds are required to be submitted online to OA/Accounting through SAM II Financial. Prior to submitting any adds through fax agencies must obtain written authorization from OA/Accounting.

All forms received that are not completed in their entirety will be returned to the submitting state agency.

## VENDOR INPUT FORM INSTRUCTIONS

### GENERAL INSTRUCTIONS

Below are excerpts from the IRS W-9 instructions for your use in completing the Vendor Input Form. See the [irs.gov](https://www.irs.gov) website for additional information.

<b>Foreign Person</b>	If you are a foreign person, use the appropriate Form W-8 (see <b>Pub. 515</b> Withholding of Tax on Nonresident Aliens and Foreign Entities). The appropriate Form W-8 is to be sent to the state agency instead of the Vendor Input Form.
<b>Nonresident alien who becomes a resident alien</b>	Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.
<b>Penalties</b>	<b>Failure to furnish TIN</b> – If you fail to furnish your correct TIN to a requestor, you are subject to a penalty of \$50 by the IRS for each such failure unless your failure is due to reasonable cause and not willful neglect.
<b>Exempt from Backup Withholding</b>	If you are exempt, enter your name as described below, check the appropriate box for your status, and check the “Exempt from Backup Withholding” field, sign and date the form. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. <b>Note:</b> If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.
<b>Certification</b>	To establish to the withholding agent that you are a U.S. person or resident alien. Please refer to the W-9 Form Specific Instructions and Purpose of Form on the <a href="https://www.irs.gov">irs.gov</a> website.

#### What Name and Number to Provide:

For this type of Account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole Proprietorship or single owner LLC	The owner <sup>3</sup>

For this type of Account:	Give name and EIN of:
6. Sole Proprietorship or single owner LLC	The owner <sup>3</sup>
7. A valid trust, estate or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on IRS Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Dept. of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has a SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or “DBA” name. You may use either the SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)